

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

99

1. Place of Death: (a) County Graham (b) City or Town Safford (c) Location Morris Squibb
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 24 hours; In Community 14 yrs; In Arizona 14 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz (b) County Graham (c) City or Town Central (Rural)
(If outside city limits also write RURAL)

(d) Street No. _____ (e) City or Town of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____

3. (a) FULL NAME Ferrel Martin (b) If Veteran name war _____

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ 6. (a) Single, married, widowed or divorced Single
Oriental ☐ 6. (c) Age of husband or wife, if alive. _____ yrs.

7. Birthdate of deceased Nov 14 1930
(Month) (Day) (Year)

8. AGE: Years 14 Months 10 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Central Ariz
(City, town or county) (State or Country)

10. Usual Occupation Student

11. Industry or Business _____

12. Name Abner Martin
Father (City, town or county) (State or Country)

13. Birthplace Prima Ariz
(City, town or county) (State or Country)

14. Maiden Name Mary Jenkins
Mother (City, town or county) (State or Country)

15. Birthplace Central Ariz
(City, town or county) (State or Country)

16. (a) Informant's own signature Elaine Martin
(b) Address Central Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Central Ariz (c) Date 9/24 1945

18. (a) Embalmer's Signature _____
(b) Funeral Director W. E. Rasmussen
(c) Address Safford Ariz

19. (a) Oct 9, 1945
(Date received Local Registrar)
(b) W. E. Rasmussen
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Sept 20 1945
TIME (Hour and minute) 10 A.

21. I hereby certify that I attended the deceased from 9-19- 1945 to Sept 20 1945
that I last saw him alive on Sept 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Probably cerebral hemorrhage from trauma

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence 9-19-45
(c) Where did injury occur? School Grounds
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, or industrial place, in public place? Central Arizona Public
(Specify type of place)
While at work? As above

23. Signature W. E. Rasmussen M. D.
Address Safford Ariz Date signed 9/21 45

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